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ABSTRACT

Drug and alcohol abuse and teenage pregnancy are two behaviors manifested by at-risk children that are both a cause and a result of their lack of success in school and possible subsequent dropping out. The distinction between substance use and abuse may be determined using the following criteria: (1) age of onset; (2) physiological responses; (3) levels of dependence; (4) attitudes about substance use; and (5) effects on other areas of functioning. The following factors predict drug and alcohol experimentation: (1) parental drug use, absence, and lack of consistent parenting; (2) early antisocial behavior; (3) school problems; (4) peer drug use; (5) attitudes, beliefs, and personality traits; and (6) stress. Teen pregnancy has become a national epidemic because more teenagers keep and raise their children at great individual, family, and societal costs. While the national average age of first sexual intercourse is 16 years, the average age for initiating sexual activity for some groups of urban youth is as young as 11.6 years. Disadvantaged minority youth account for a disproportionate number of teen pregnancies and births. The following factors influence early pregnancy and parenthood: (1) expectations for the future; (2) poor academic achievement; (3) ignorance about reproduction; and (4) family influences. Teenage childbearing has serious negative effects on the mother and on the child's health, as well as on the educational attainment and employment of both parents. A list of 12 references is appended. (FMW)

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TEENAGE PREGNANCY AND DRUG ABUSE: SOURCES OF PROBLEM BEHAVIORS

Introduction

Many at-risk children manifest behaviors that are both a cause and result of their lack of success in school, and possible subsequent dropping out. Two such behavior patterns that can sabotage the future of students are discussed below.

Drug and Alcohol Abuse

It is important to note that "use" and "abuse" of drugs and alcohol cannot always be viewed as synonymous (Donovan & Jessor, 1985). Use may precede, but may not necessarily lead to, abuse. Determining quantity or even frequency of use alone cannot adequately measure this distinction. More useful criteria may include age of onset, physiological responses, levels of dependence, attitudes about substance use, and its effects on other areas of functioning (Newcomb & Bentler, 1989). Substance use and abuse may have different etiologies and may require different prevention strategies (Hawkins, Lishner, Catalano, & Howard, 1986). Further, they often occur along with other problem behaviors that should also be targeted for attention.

Some predictors of drug and alcohol experimentation, use, and abuse are examined below.

Family Factors. Parental drug use is correlated with initiation of use of many substances as is parental use of alcohol and other legal drugs. The role of environmental and genetic influences on substance use is difficult to assess, although it is probable that genetic factors contribute more to abuse than to use of drugs (Newcomb & Bentler, 1989). Family risk factors include parental absence, inconsistent discipline, hypocritical morality, poor communication, parental conflicts, and family breakup. However, Newcomb & Bentler (1988) found that family disruption per se may not directly lead to drug use; rather, family problems may lead to disenchantment with traditional values and the development of deviant attitudes, which may in turn lay the foundation for substance use.

Early Antisocial Behavior. Jessor and Jessor (1978) explained drug use as one outcome of "proneness to problem behavior" and as part of a larger syndrome of deviance in which a wide range of "problem behavior" shared common precipitants.

School Factors. A range of school problems—reflected in failure, poor performance, truancy, placement in a special class, early dropping out, and a lack of commitment to education—have been viewed as common antecedents to initiation, use, and abuse of drugs (Jessor & Jessor, 1978).

However, school problems themselves may not lead to drug use; rather, social factors which lead to poor school performance may be linked to drug involvement.

Peer Factors. Association with drug-using peers is perhaps the most strongly supported predictor of adolescent substance use (Hawkins et al., 1986). Newcomb & Bentler (1989) suggest that modeling drug use, providing substances, and encouraging use are the salient components of peer influence. Other researchers have suggested that the influence of parents and peers is varied and situational.

Attitudes, Beliefs, and Personality Traits. Attitudes, beliefs, and personality traits most closely linked with substance use include attenuated attachment to parents, lack of commitment to education, low religiosity, and alienation from dominant societal norms and values (Hawkins et al., 1986).

Substance Use as a Response to Stress. Newcomb & Harlow (1986) studied substance abuse in adolescents as a response to a perceived loss of control, a sense of meaninglessness, and a lack of direction in life. Teenagers may use drugs as a means of temporarily alleviating discomfort connected to life events which they perceive as being out of their control, and can be seen as contributing significantly to an understanding of the higher incidence of drug use among low SES teenagers and those from disrupted families (Newcomb & Bentler, 1989).

Teenage Pregnancy

Teen pregnancy has become a national epidemic, in part because more and more teenagers who give birth decide to keep and raise their children. There is a great cost to individuals, families, and society when children have children of their own.

In the United States today about 12 million teenagers are sexually active. The average age of initiating sexual activity is 16 years (Black and DeBlassie, 1985), although in some cities, such as New York, the average age of first intercourse is 11.6 years for black youth, 14.5 for white youth and 12.8 for Hispanic youths (Finkel & Finkel, 1983).

In actual numbers, more white than minority teenagers become pregnant, but disadvantaged minority youth account for a disproportionate number of teen pregnancies and births in the United States. While 27 percent of the teenage population is composed of minorities, they account for 40 percent of adolescent pregnancies and births (Edelman, 1988). Disadvantaged youth are three to four times more likely to give birth out of wedlock than are more advantaged teens (Robinson, 1988).

Expectations for the Future. Teenagers who see options in their future are more likely to delay pregnancy and childbirth than those who lack hope.

Poor Academic Achievement. There is a strong association between poor school achievement and

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pregnancy, and poor academic ability may influence the onset of sexual activity and early parenthood (Children's Defense Fund, 1986). A study conducted by Northeastern University revealed that females 16 years of age or older with poor basic skills are 2.5 times more likely to be mothers than their peers with average basic skills. Males with poor academic skills who were 16 years and older were three times more likely to be fathers than their peers with average academic skills. High educational aspirations, better than average grades, internal locus of control, and high SES are positively related to contraceptive use.

Ignorance About Reproduction. Misunderstandings, false assumptions, and ignorance surrounding reproduction play a large role in teen pregnancy. The belief that pregnancy can't result from the initial act of intercourse is particularly widespread.

Family Influences. Teen pregnancy is associated with low parent education (Shah, Zelnik, & Katner, 1975). Girls who get pregnant often have mothers who gave birth in their teens. Parents of teen mothers and fathers are often considered by their teens to have "permissive attitudes" regarding premarital sex and pregnancy (Robinson, 1988). There are also cultural differences in the value placed on having children. Thompson (1980) found that among 300 adolescents (150 white and 150 black), blacks expressed stronger beliefs than whites that children promote greater personal security, marital success, and approval of others.

Consequences of Teenage Childbearing

Health. Girls under 16 are five times more likely to die during or immediately after pregnancy than women 20 to 24. Their infants have a higher incidence of toxemia, anemia, nutritional deficiencies, low birthweight, and retardation than infants of older women (Black & DeBlassie, 1985).

Education. More than one fifth of all girls who drop out of school do so because they are pregnant. No more than 50 percent of teenage parents eventually graduate from high school.

Employment. Teen parents are also more likely to have difficulties getting appropriately paying jobs. More than one half of the money invested in Aid to Families with Dependent Children goes to families with a mother who first gave birth when she was a teenager (Black & DeBlassie, 1985).

Conclusion

Recently, public attention has been focused on the need to teach disadvantaged children more successfully. However, it is also necessary for schools—and for families, and society in general—to help these children refrain from engaging in problem behaviors, both those discussed above and the other destructive activities. Such intervention, difficult and controversial though it is, can be the crucial first step in an education reform program that truly meets the needs of at-risk students.

—Janine Bempechat, Helena Y. Stauber, and Niobe Way

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The monograph on which this Digest was based, *Underachievement and Educational Disadvantage: The Home and School Experience of At-Risk Youth*, is available for $8 from the ERIC Clearinghouse on Urban Education. A companion volume, *The Home and School Experience of At-Risk Youth: An Annotated Bibliography of Research Studies*, is available for $3 from the Clearinghouse.

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